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End-of-Project Assessment  
"Home Care Project for the Elderly"  
Budapest, Hungary

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Appendix A: Scope of Work for a Professional Assessment

## Executive Summary

The aim of the "Home Care Project for the Elderly" was to introduce new methods of health care delivery in Budapest's Eighth District. With assistance from the U. S. Agency for International Development, JDC-IDP, and the Hungarian Ministries of Health and Social Affairs, Hungarian physicians, nurses, home health workers, supervisors, and physiotherapists were trained to deliver services to the home-bound elderly.

Over the two years of the project, the JDC-IDP team of experts trained a total of 38 physicians, 46 nurses, 57 home health workers, and 8 supervisors in home care service provision.

Services for the home-bound were provided by multi-disciplinary teams, each comprised of a physician, nurse, home health worker, and physiotherapist. Bringing services to the homes of the elderly improved their quality of life while reducing the need for costly hospitalization. It is estimated that the cost of hospitalization is three times that of providing services in the home.

As a direct result of the project, physiotherapy was introduced as a legitimate profession. Hungarian physiotherapists became integral members of the health care team, and dramatic improvement was evident in several of the physiotherapy patients. The curriculum developed for this project has been incorporated into that of the Budapest School of Physiotherapy, testimony to the effectiveness of this project component.

Budapest's five "social clubs" were turned into day centers, where higher functioning, well elderly were provided with physical, educational, recreational, and social stimulation in order to maintain and improve their health. Before this project began, these clubs provided little else besides meals and a warm place to stay.

In the fourth quarter of 1992, project activities came to a halt because of local political problems. However, due to the commitment of Mayor Bela Csecsei and the Hungarian professionals trained through the project, home care services continued. There are now 18 home care teams serving approximately 300 elderly, and requests are being received from other districts for replication of these services. A Professional Committee, consisting of accomplished professionals from each medical specialty, oversees and guides home care activities.

The critical goal for the immediate future is to obtain new funding to allow additional training, the continuation of home care services, and expansion into additional areas of Budapest. Mayor Csecsei and the professionals of the Eighth District are taking steps to ensure that the important gains realized through this project continue.

### Names and Affiliations of Persons Contacted

#### JDC/Hungary

Mr. Moshe Jahoda, Country Director for Hungary and Bulgaria

Mrs. Hilla Zemer, Project Coordinator for the "Home Care Project for the Elderly"

#### Eighth District of Budapest

Mr. Bela Csecsei, Mayor of the Eighth District

Mr. Laszlo Brezowsky, Project Manager for the Home Care Program of the Eighth District

Dr. Margit Denes, physician, representative of the Mayor, and teacher in the Home Care Training Program of the Eighth District

Dr. Miklos Tomchik, physician and representative of the Mayor

Dr. Judith Polgari, physician and team leader in the Home Care Program

Dr. Zsuzsa Talpag, physician and team leader in the Home Care Program

Dr. Zsuzsa Gardi, President of the Hungarian Association of Physiotherapists

Dr. Judith Tringer, Deputy Director of the School of Physiotherapy in Budapest

Mrs. Ildiko Kiss, Director of the half-way house for homeless people in the Eighth District;  
Coordinator of the Day Centers/Social Clubs

#### JDC-IDP Trainers

Prof. Amos Engel, Physiotherapist

Mrs. Irit Eisenberg, Social Worker

Dr. Ana Veronica Fried, Physician

Prof. David Galinsky, Physician

Dr. Ruth Landau, Social worker

Mrs. Leah Mashiah, Nurse

Dr. Gabriel Mor, Physician

Prof. Thomas Pillar, Physician

Mrs. Nurit Weinblatt, Occupational Therapist

In addition, physicians, physiotherapists, patients, and patients' families were interviewed. Their names are not listed for confidentiality reasons.

At the start of this assessment, permit me first to express my thanks and gratitude to all those who made this assessment possible. First of all, my heartfelt thanks go to JDC Country Director Mr. Moshe Jahoda and to Project Coordinator Mrs. Hilla Zemer, whose cooperation with me was exemplary, open, and frank. Mr. Bela Csecsei, the new Mayor of the 8th District of Budapest has been most helpful as well. He and his representatives, Dr. Miklos Tomchik, Dr. Margit Denes, and Mr. Laszlo Brezowsky have cooperated with me willingly and made available to me all materials requested for this assignment. Thanks are also due to members of the Professional Council of the home care multi-disciplinary teams, and to the physiotherapists with whom I visited. Last but not least, I wish to express my thanks to all those patients and their families who have received me willingly and were open in their assessments of the results achieved by the home care project.

## I. BACKGROUND

Supported by the United States Agency for International Development (USAID), the American Jewish Joint Distribution Committee-International Development Program (JDC-IDP), and the Hungarian Ministries of Health and Social Welfare, the Home Care Project for the Elderly was first implemented in the Eighth District of Budapest in April, 1991. This district was selected because it is considered to be one of the poorest of Budapest's 22 districts. Approximately 30,000 of its inhabitants are elderly (60+); at least 5,000 are homeless; and some 3,000 are defined as "old-old" (75+).

The entire Eighth District population of some 100,000 is served by seven clinics, staffed by 48 general practitioners and 100 specialists; 50 nurses (registered), and a few physiotherapists. The District has one small half-way house and five day care/social club centers for the elderly. There are many dilapidated buildings and houses in need of renovation. In many apartments housing the elderly, there are no bathrooms or toilets, posing extra hardships. The majority of the elderly have only meager government pensions on which to live. This is the setting into which the Home Care Project for the Elderly was introduced in an effort to improve the health and personal welfare of the aged.

## II. PURPOSE AND OBJECTIVES OF THE PROJECT

The aim of the project was to introduce new concepts and methods in service delivery to home-bound, sick elderly whose condition would otherwise require hospital care. Thus, the most important element of the project was the training of Hungarian professionals working with the elderly, i.e., doctors, nurses, home health workers, and supervisors. This training was to result in new attitudes toward the aged, such as viewing the patient as a whole person and not simply as a case requiring treatment, and the application of new skills, knowledge, and methods of collaboration in team work.

### III. ACCOMPLISHMENTS

#### A. Introduction of Physiotherapy

An important element in the project was the introduction of physiotherapy as a legitimate health care profession, one which is absolutely essential for the home care concept. JDC professionals and other experts in the fields of physiotherapy, geriatric medicine, nursing, social work, and occupational therapy served as instructors and role models for their Hungarian counterparts in professional teamwork.

#### B. Day Care Centers/Social Clubs

Another component of the project was the upgrading of services to higher functioning well elderly in need of stimulation, social interaction, and opportunities for more meaningful ways to spend their time. JDC expatriate trainers in recreational and occupational therapy were brought into these clubs to work with and teach the Hungarian instructors and supervisors new skills to enrich the functioning of their clients.

#### C. Training of Hungarian Professionals

Three cycles of training programs for the above-mentioned professionals were conducted by the JDC expatriate trainers and Hungarian experts. The physiotherapists attended a special seminar given by Professor Amos Engel. The entire graduating class has benefitted from his teaching and demonstrations, and, most importantly, his subjects have been incorporated into the curriculum of the School of Physiotherapy.

The first cycle of training for Hungarian physicians, nurses, home health workers, and their supervisors was conducted between October-December, 1991. The JDC instructors for the physicians were Drs. Pillar and Mor. The nurses received training from Nurse Lea Mashiah and Ms. Irit Eisenberg. Home health workers received training from Ms. Irit Eisenberg, Nurse Lea Mashiah, and Ms. Nurit Weinblatt. The latter introduced new skills in the treatment of the elderly in Social Clubs. A total of 13 physicians, 17 nurses, 19 home health workers, and 8 supervisors took part in this cycle of training.

The second cycle was held between March and May, 1992 and utilized JDC professionals as teachers. Nineteen physicians, 23 nurses, and 22 home health workers were trained.

The third cycle of training, in accordance with the original project plan and agreement between JDC-IDP and the Eighth District, was held under the direction of the Hungarian professionals who were graduates of the first training program. It was based on the same materials and methods. In this cycle, 6 physicians received training from Drs. Denes and Hodvegi, 6 nurses were trained by 4 doctors and a social worker, and 16 home health workers were taught by JDC trainers Lea Mashiah and Dr. Ruth Landau.

Thus, a total of 38 physicians, 46 nurses, 57 home health workers, and 8 supervisors took part in the professional education given by the project.

For each cycle of training, a non-scientific, brief evaluation was performed in which three questions were directed toward the participants:

1. To what degree were your expectations achieved?
2. To what degree is the material taught useful?
3. Which lectures were most interesting?

The respondents rated the lectures in the first two cycles taught by JDC's expatriate professionals as very good, while those in the third cycle, taught by the Hungarian professionals, were rated somewhat lower.

#### D. Use of Multi-disciplinary Teams

A significant innovation introduced by the project was the use of multi-disciplinary professional teams for the provision of home care to the aged and disabled home-bound people. The knowledge acquired in the theoretical part of the training was put into action by setting up teams which brought comprehensive services to the elderly/disabled, enabling them to stay in their own homes and preventing the double trauma of uprootedness and added expense.

As is known from the gerontological literature and years of experience, professional multi-disciplinary teams for home care service delivery to the aged and disabled are composed of health and social welfare professionals whose combined efforts can, in many instances, avert costly hospitalization or institutionalization of their patients. This concept was entirely new to Hungarian health and social welfare professionals and it necessitated, among other things, a change in attitude both toward the patients/clients and each other as professionals with a common purpose.

The teams, each led by a practicing Hungarian physician, include the physician, a nurse, a physiotherapist, and a home health worker. When working full time at capacity, each team can usually serve 20-25 cases. Each team member brings his/her perspective, knowledge, and experience, and priorities are assigned. Team members jointly assess the condition of the patient during treatment and after discharge from the program. Treatment should be time-bound, meaning that services should be delivered according to the patient's needs, normally lasting no longer than three months.

The client population is recruited through local clinics, hospitals, and individual requests from the elderly and/or their families. Those participating in this project fall into four major diagnostic groups: injury and poisoning; diseases of the musculo-skeletal system; diseases of the circulatory system; and mental disorders. These individuals would have been admitted into hospitals were it not for the home care project.

#### IV. INTERIM RESULTS

By the end of the summer of 1992, when project operations were suspended due to political interventions of certain officials in the Eighth District, there were 104 patients actively receiving treatment by the teams. An additional 53 patients had completed their participation. There were eight multi-disciplinary teams working out of an anticipated 44 teams. Each physician working in the clinics of the Municipality was supposed to take part in the training program and to lead multi-disciplinary teams, thereby providing complete coverage to all needy patients in the District. In this project, however, the teams served fewer patients than the regular quota. Additionally, some 125 functional independent elderly took part in day center/social club activities.

#### V. PROGRAM IMPACT

##### Home Care Training and Services

The first, and perhaps most important result of this Home Care Project for the Elderly is its continuation and expansion. More than any other achievement, this attests to the impact and contribution of the project to the welfare of the people of the Eighth District.

The abrupt ending of the project put the entire effort and investment in jeopardy. Therefore, it was most heartening to sense the new spirit evident in attitude and accomplishments since Mayor Csecsei took office in April, 1993. With his recognition of past mistakes, sincere efforts to repair the damage done, and, most importantly, his firm support of this project, many new positive developments are taking place. These are summarized below:

- Continuation of the project was ensured by provision of funds for the continuation of home care service delivery after JDC support ended.
- Physiotherapists have become central figures in home care service delivery. They work in harmony with the other team members and make valuable contributions to the welfare of the aged. Their work is appreciated by the patients, who described their own treatment exercises knowledgeably and willingly. The entire team's goals and activities have become clear to the patients and to their families.
- Four full-time and four part-time physiotherapists were hired by the Municipality of the Eighth District for work in the multi-disciplinary teams. More than any other measure, this act attests to a recognition by both political and professional leaders of the key position that physiotherapists play in home care services for the aged and disabled.
- The Budapest School of Physiotherapy has adopted the curriculum taught by JDC trainer Prof. Engel into its regular curriculum. Twenty students of the School participated in the seminar given by Prof. Engel. Some are currently working in the Eighth District in multi-disciplinary home care teams.



•The goal of the School of Physiotherapy is expansion of the physiotherapy program into all schools of physiotherapy in Hungary. There are three additional schools of physiotherapy in the provinces with a total of 90 students, and the hope is that the curriculum taught in the project will be integrated into the regular curricula of these schools.

•There was an increase in the number of multi-disciplinary teams serving the elderly. Today, there are 18 teams providing services to approximately 300 elderly and disabled individuals. Ten of these teams were trained by JDC-trained Hungarian professionals on their own initiative.

•A new spirit of cooperation among professionals working in the program is evident. Team members have learned to accept each others' knowledge and contributions toward the overall well-being of the patients.

•Both the medical/health aspects and the social care aspects of a comprehensive plan of care for the home-bound, sick elderly are accepted by the home care team members. This represents an acceptance of a holistic view in which both physical and mental/emotional components are taken into consideration during diagnosis and treatment.

•A Professional Council consisting of the heads of each specialty meets once each week to review home care cases and to decide on controversial matters in which team members disagree. This Council also supervises to ensure that the teams complete the new patient evaluation form, strengthening data collection.

•The results of intervention by the home care teams have been computer analyzed by the new professional leaders.

•Preliminary results are now available from information collected on 208 patients treated through the project and were presented at the International Conference on Gerontology in Budapest in July, 1993. Results indicate:

- The distribution of patients by gender is 37 males and 171 females
- Average age for males in the program is 68.5; for females it is 73.8
- Patients under treatment fall into five ailment categories:

Trauma: 46

Cerebrovascular event: 41

Tumor: 5

Organomental Syndrome: 21

Chronic Locomotric Ailments: 95

The first two groups (trauma and cerebrovascular event) have been in the home care program for an average of 9.6 weeks. The tumor group has spent an average of 3.2 weeks in the program. The organomental syndrome and chronic locomotric ailment groups have spent an average of 18 weeks in the program.

The majority of the patients require a change in their health status more than social care. Of the

208 patients, 101 were admitted to the program immediately after being released from a hospital. Seven were sent to a rehabilitation center, and the balance were diagnosed as requiring home care by the professional team. People are admitted to the program only if their physical and/or mental condition severely impairs their ability to maintain independent functioning.

- The quality of medical care provided in the homes of these patients is equal to, or better than, that which is available in local hospitals.
- Drs. Tomchick and Denes claim that treatment of in-patients by professionals in the hospital costs, on average, three times more than comparable care provided by home care teams.
- Dr. Denes has analyzed the success rate of 34 patients treated by the team, and found that 14 were completely rehabilitated, 12 were partially rehabilitated, 6 were still in treatment, and two were unsuccessful cases. Six of these patients would have been in the hospital had it not been for the home care program.
- Hungarian teachers are confident in their ability to assume most teaching functions for the training of new professionals who wish to take part in multi-disciplinary teams.
- Training materials developed and equipment secured by the project are sufficient for the training and services provided.
- Project-related materials were distributed at the International Conference on Gerontology in Budapest in July, 1993. Representatives from 30 countries were present at this Conference. Gerontology educators in Holland have written to the Hungarian presenters (Drs. Tomchik and Denes) expressing their interest in learning about the Hungarian experience.
- Drs. Tomchik and Denes will also present their paper at the meeting of Hungarian Scientific Society's Social Welfare branch in the City of Gyula in April, 1994.
- Dr. Tringer, Deputy Dean of the School of Physiotherapy, gave a lecture about the project in the city of Kecskemet on "Rehabilitation Day."
- Dr. Denes gave a lecture on the Home Care Treatment Program to social workers.
- Inquiries were made about the project and its possible replication by officials in the Thirteenth and Fourteenth Districts of Budapest.

#### Visits Made With the Physiotherapist to Home Care Patients

Four patients, each with a different condition, were presented. The physiotherapist worked with each patient according to his/her condition and activities of daily living (ADL) limitation. Each case required a different set of exercises.

The first patient seen was an 88-year-old woman who has had several falls. Due to her arteriosclerosis, she had broken her legs. She also has a history of stroke, which left her paralyzed rather badly. As a result, she was unable to walk. Since she entered the home care program and was taught to exercise her legs and feet, she is doing very well. She can now walk with the aid of a support device. She is even able to cook for her 91-year-old husband. She performed her exercises willingly and received support from her husband.

The second case was that of a woman of about 82 who had also experienced many falls for which she was hospitalized for long periods. She is still unsteady, especially on stairs. The physiotherapist provides weekly treatment, and the patient seems highly motivated to do well on her exercises. In addition, she receives tender loving care. Her exercise sessions run from 30 minutes to one hour or more, depending upon her condition.

The third patient seen was a man of about 60 who broke his leg so badly that the physicians could see no chance of his ever walking again. The physiotherapist has worked out a special set of exercises, and the patient performed them diligently. As a result, he has reached a point where he can walk without support, and the physiotherapist's role has diminished to supervision once a month.

The fourth patient is an elderly woman of 91 with Parkinson's Disease. She is very unstable on her feet. Her family has provided the various safety devices needed in the home. After working with the physiotherapist, she can now take a few steps in her room with the help of a walker. This is a great improvement over past years, when she was unable to leave her bed. She performs all of her exercises willingly. One can feel the love emanating from her toward her therapist. She has been in the program since March, 1993.

#### Day Care Programs in Social Clubs

The Home Care Project for the Elderly in the Eighth District was designed to include services to reasonably well functioning people. The objective envisioned was to provide physical and cognitive stimulation and to enrich the social relationships of participants in the existing social clubs. Traditionally, these clubs provide a daily hot meal and some custodial care. They were, and still are, used by some elderly as places where they can keep warm, thereby reducing costly expenditures for heating in the winter. The objective was to transform these clubs into day centers where regular activities provide a variety of cultural, social, educational, and recreational outlets. The expatriate trainer and regional chief occupational therapist conducted workshops and demonstrated to the elderly participants and the social club supervisors such activities as light calisthenics, singing, and acting that can be performed by people with various impairments. The five clubs into which these activities were introduced are located at:

- Koztarsasag ter 17
- Matyas ter 12
- Vig utca 18
- Baross utca 109
- Kerepesi ut 29/a

According to the present coordinator, some 220 elderly people visit the clubs.

Visits to these facilities during this Assessment proved quite disturbing. At the first club, located in a half-way house, there was only one elderly, physically and mentally impaired woman comprising the entire audience. I was told that the place is now being evacuated to accommodate a "new group." In the second facility, there were just a handful of people sitting idly, and I was told that "nothing happens." People eat in two shifts (about 20 to 30 per shift) and leave. No regular schedule exists. The only activity offered is calisthenics. The third club was the busiest of all in terms of its food service program. Here, however, the physical conditions are very bad and the facility is small and cramped. It is also located in the red light district.

## VI. UNFORSEEN PROBLEMS

- A problem that could not have been foreseen was the transition of the Hungarian health care system to new practices which hampered project activities. Patients formerly constituting a physician's "territory" as his/her fixed clientele were allowed to choose their own family physician (general practitioner) from any part of the district. Patients from other districts in Budapest could also "switch" to a physician in or outside of his/her district. This caused much havoc in health care delivery, as each physician tried to secure his/her quota to be eligible for payment that is tied to patient load. In addition, there were physicians not interested in the project for fear of losing well-paying patients.

- Another problem was in patient selection for home care services. Initially, many patients were selected based on "personal acquaintance" with the home health worker, nurse, or physician and selection was not based on an objective assessment of the patient and suitability for treatment. Thus, many patients had an acceptable level of functioning, and could have done well without the home care program. They usually required minimal help with shopping, cleaning, and/or short-term physiotherapy. The elderly with more difficult medical problems were left out, most likely due to the complexity of their care.

## VII. OTHER PROBLEMS AND RECOMMENDATIONS FOR FOLLOW-UP

1. The most difficult problem faced by the Mayor of the Eighth District and the home care professionals is the lack of long-range funding for these activities. The Municipality's budget covers the workers only until the end of this calendar year. No funds are yet available for 1994. The Eighth District is one of the poorest districts of Budapest and is incapable of carrying the entire burden by itself.

The Municipality has submitted a proposal to the Hungarian Social Security Administration to fund project activities under a "hospice" health care program. Other avenues for potential funding are being explored as well. Unless funds are secured, the continuation and further expansion of the home care concept and method is in grave danger.

2. Closely tied to the problem stated above is the question of whether or not to invest more in

the training of physicians, nurses, and home health workers who did not attend the training provided through the project. Because the training material for the physiotherapists has been incorporated into the Budapest School of Physiotherapy curriculum, this problem does not affect them.

Training of those professionals who have not received training would ensure a uniform base of knowledge for all professionals currently providing home care services. It would also enable the formation of additional multi-disciplinary teams which could cover the entire population of functionally impaired and home-bound in the District.

3. Given the results and proven value of the Home Care Project as a humanitarian and economically viable health and social care program, it is imperative that the Hungarian Government, at both national and local levels, sets a clear-cut policy pertaining to home care service delivery. This policy should be based on the philosophy and methodology taught by JDC's team of experts. It is further recommended that the facility at Hungaria Blvd. no. 30 be designated for future training.

4. If additional training programs could take place in the future, the long-standing problem of lack of data collection and scientific evaluation could be corrected. Subjective impressions should not be accepted as valid and representative of the quality of services and training provided without verification using a scientifically valid methodology.

While there are now attempts underway to assess the impact of care received by the patients, this assessment reflects only the perception of the professionals. There is a need to enable the project beneficiaries themselves, as well as their family members and care givers, to do their own assessment. This would give a full picture of the project's impact on all involved in this work.

5. Most professionals employed by the project have no private means of transportation. The Eighth District is spread out over a large area, and much time is lost waiting for public transportation. A van could solve this problem, and the time saved could be used to see additional patients. According to the physiotherapist and physician with whom I visited elderly patients, such a vehicle would double the number of patients seen in one day. It could be fitted with tools to provide minor home repairs while the patient is receiving treatment. Having these repairs made is difficult, if not impossible, for many of the patients and could mean the difference between having running water or a functioning toilet, or going without.

6. The need for continuing education, training, and supervision is recognized by all team members and by the Mayor, whose background is in education. Physicians require additional training in traumatology. They also need more factual information about the diagnostic capabilities of the physiotherapists, and the service networks available for solving social problems. Nurses, too, require this additional training.

7. The need for continuing education is evident for the physiotherapists, as well. The basic course given in the Bobath method of rehabilitation of brain-injured individuals by JDC trainer Elia Panturin must be followed up with an advanced course. The contributions of the expatriate trainers to the entire curriculum of the physiotherapists in Hungary is greatly appreciated. Professional literature sent by Prof. Engel must be translated into Hungarian. JDC will assist the School by providing funds for this translation.

8. There is a need to integrate the home care concept and methodology into the curriculum for family physicians in their continuing education programs. This would ensure the widest dissemination of the concept among practicing physicians and would firmly establish it as a legitimate method of health care service delivery.

9. The School of Physiotherapy is strongly committed to the home care concept and methodology. Its leaders would like to enlarge the scope of its educational program to include all 1,800 physiotherapists in the country. They want to include this model of home care in the curriculum of provincial schools where there are presently 90 students in the program. They require financial support to carry this out.

10. The instructors in the School of Physiotherapy should learn about home care services from personal experience. It would be appropriate to introduce an exchange program through which the Hungarian home care leaders could observe services in other countries.

11. **The Professional Council, composed of representatives of the four professions (medicine, nursing, social work, and physiotherapy) should remain autonomous in all matters concerning professional diagnosis and treatment. It should be the sole body to select who should receive services and by what method of care. This body also provides professional supervision to the teams. Its independent functioning must be assured by the political leadership. Otherwise, the professional character of this service alternative will be in danger.**

12. There is a need to review the activities offered in the day centers/social clubs. The quality of the programs must be strengthened and the poor attendance improved. The physical location of the clubs must also be re-assessed.

## VIII. METHODOLOGY USED FOR THIS ASSESSMENT

In carrying out the various activities related to the assessment, I visited with many people and visited many facilities. A summary of these visits follows.

Day 1, August 29, 1993

•Meeting with the two representatives of the Eighth District in Budapest, Drs. Tomchik and Denes;

- Review of past and present activities within the Home Care Project. The two representatives gave me a frank account of the activities undertaken since the ending of project activities in October, 1992.

- The physicians reported that seventy cases were already analyzed and the results were presented at the Budapest International Conference on Gerontology. They told me that data have been collected on the 208 elderly people who have been the beneficiaries of this project. The goal is that by mid-September, all 208 cases will be entered on the computer. Beginning on September 1, all new home care cases will be entered into the computer for better records maintenance and tracking.

- Discussed the requirements of the assessment process, and drew up a timetable for the various visits and meetings with key personnel. I received the impression that the new home care team is eager to cooperate, and is seriously devoted to the idea of home care service delivery.

#### Day 2, August 30, 1993

- Meeting with the Mayor of the Eighth District, Mr. Bela Csecsei. Discussion about his view of the project. Assurances were given concerning cooperation for the performance of the assessment. Mr. Brezowsky was assigned by the Mayor to provide needed documents.

- Worked with Mr. Brezowsky and Dr. Tomchik using available statistics and information.

- Worked out a plan of data analysis with Mr. Brezowsky, whose cooperation is exemplary.

#### Day 3, August 31, 1993

- Met with the Professional Council (Drs. Tomchik and Denes representing the physicians; and Mrs. Kiss Ildiko, head of the Hungaria Korut 30 training center (where this meeting was held) and represented the home health workers.

- A systematic review of all training-related materials and videos was made.

- Work on the assessment plan continued.

- All training and evaluation records of the training provided at this training site were reviewed.

- Discussion of problematic home care cases was most enlightening and attested to the high professional knowledge and strong identification with the project of the Hungarian team.

#### Day 4, September 1, 1993

- Meeting with Dr. Talpag, chief physician in the project until the summer of 1992. The consensus was that the Home Care Project for the Elderly is alive, but in constant danger of funds running out.

- Discussion with Physiotherapist about home care cases, treatment procedures, and results.

- Visits made to see four home care patients, each of whom were suffering from a different illness or condition. Observed the work of the Physiotherapist with the patients.

#### Day 5, September 2, 1993

- Worked in the Mayor's office with Mr. Brezowsky on statistical data.

- Reviewed the correspondence and documentation of project-related expenditures.

- Attended a lengthy meeting with Mayor Csecsei, who is eager to collaborate and assures me of his sincere interest in the continuation and expansion of this project.
- Visited the University School of Physiotherapy and met with Dr. Zsuzsa Gardi and her staff about the project's contributions to their curriculum and field work requirements. Their future needs, hopes and aspirations were also discussed. Dr. Gardi is enthusiastic about the enrichment of the curriculum that resulted from the Project. She emphasizes the contribution of JDC trainer and physiotherapist Prof. Engel, and her delight in hearing how well the School's graduates are using their training and how important the physiotherapists have become in the home care teams.

Day 6, September 3, 1993

- Visited the clinic of Dr. Denes on Hungaria Korut 18, and reviewed materials pertaining to the training program for the professionals.
- Discussed many home care cases and ways of analyzing data with Drs. Tomchik and Polgari.
- Received a set of charts used in presentations at the International Conference on Gerontology.
- Joined Dr. Denes on her tour of inspection. We visited with two patients, whose cases are recounted here:

The first case is that of a man of 35 who was hit on his head under suspicious circumstances, and consequently had to undergo serious brain operations. He was pronounced clinically dead a few times but survived, and was sent home as a "hopeless case." Dr. Denes has personally worked with him, and along with the other members of the home care team, has managed to revive him. Today, the young man is able to do many ADL (activities of daily living) with minimal help. He has double vision and can see objects only at a distance of one yard. However, he can now speak, eat, wash, and go to the toilet. He has been in the home care program for a year and a half.

A most important factor in his rehabilitation, in addition to the home care team, was the mother of the young man. She devoted, and continues to devote, her strength and time to her son's recuperation. She was a tireless therapist, and has cooperated with the physician throughout a very lengthy process. Without her diligence and faith, the result would most likely be different.

Case Two is typical of those who expect miracles to happen overnight, and when they fail to come true, there is disappointment. An elderly man of about 75 has been bed-ridden for a long time with a broken hip and severe Parkinson's Disease. With the help of the physiotherapist, he made good progress, so much so that he could leave his room and even go downstairs. However, he expected a quick recovery, and when it seemed to him that it would not materialize, he fell into a depression.

Here, we see the importance of the informal support system, albeit in reverse. The man's wife is referring to herself as the "jailer" of her husband. There is much truth in this description. She commandeers her husband without realizing that she does so, and reinforces his negative perception of himself, thereby reducing his chances of recovery.



## IX. LESSONS FOR THE EIGHTH DISTRICT OF BUDAPEST

1. The District's leaders must understand all of the requirements of a project financed by foreign organizations prior to implementation. These projects must be managed in accordance with the sponsoring agencies' rules and regulations.
2. Entrust professional matters related to the project to the professionals, and prevent political figures from taking over the roles of the professionals. If this had been the case in "The Home Care Project for the Elderly," some of the difficulties experienced may have been avoided.
3. The Mayor of the Eighth District must maintain frequent and open communications with the directors of sponsoring agencies (such as JDC) or their representatives. This will help prevent misunderstandings.
4. Appropriate public relations efforts must be conducted. The people of the Eighth District did not understand what was meant by home care, who would be eligible, under what conditions it would be provided (i.e., for a fee or free of charge), or where to turn for information. Such a significant new venture requires coverage by the media, as it touches the lives of hundreds of recipients and their families.
5. The District must do its utmost to maintain the home care program, despite all of the financial sacrifices that will be required. If the proposal to the Social Security Administration does not bring the needed funds, the Municipality will have to locate other sources of funding or accept the financial burden. A program that is as needed as this one must not go by the wayside due to a lack of funds, bringing an end to an effort that has proven beneficial, cost-saving, and life-saving.

## X. LESSONS FOR JDC-IDP

1. Projects involving foreign expertise must be well defined in terms of the expectations of all partners. These expectations should be agreed upon and well articulated in a legal contract which must be binding on all parties. All matters pertaining to the future management of the project must also be reviewed and agreed upon by all parties and incorporated into the contract.

Such issues as "intellectual property" and copyrights, the rights of the sponsoring agency to introduce changes in personnel, financial control and confidentiality, and the responsibilities of all parties must be clarified.

2. Good public relations and publicity are necessary for smooth performance. There should be an investment of time and money in advertising and information dissemination to ensure that expectations are realistic.

3. Data collection and evaluation criteria must be included in the project from the start, prior to implementation. Ex post facto research cannot serve as a substitute. Professional assessments, however objective, cannot replace the perceptions of the recipients of the program. Both are needed for a complete assessment of impact.

4. An oversight committee for professional matters must be incorporated into the program from inception. This committee should be composed of trusted and responsible professionals who are held in high regard within their disciplines. They should enjoy complete autonomy in all professional matters.

## XI. DOCUMENTS REVIEWED

JDC-IDP Workplans (approved by The U. S. Agency for International Development for 1991, 1992, and 1993).

JDC-IDP Quarterly Reports (submitted to USAID) from April 1, 1991-June 30, 1993.

Letter dated September 1, 1993 from representatives of the Sixteenth District of Budapest to Mayor Csecsei of the Eighth District requesting information about the project for possible replication.

Letter dated July, 1993 from the Hungarian Association of Physiotherapists to Mayor Csecsei regarding support for the home care project, and the role of the physiotherapist in the home care team.

Letter dated July 22, 1993 from Drs. A. Rutgers van der Loeff to Dr. Eniko Polgari about the interest of the Dutch gerontology staff in the multi-disciplinary home care program's educational development.

Letter dated July 15, 1993 from Monduzzi Editore International Proceedings Division to Drs. Tomchik and Denes concerning the publication of their paper at the Gerontological Conference in Budapest.

Letter dated July 13, 1993 from Mayor Csecsei to Ms. Henryka Manès, Acting Director of JDC-IDP, concerning support for Dr. Guttmann's assessment of the Project and naming of the two representatives of the Mayor to work with Dr. Guttmann.

Draft of the lecture presented at the Budapest Gerontological Conference in July, 1993.

Letter dated June 10, 1993 from Mayor Csecsei to USAID regarding the interest of the Eighth District in enlarging the scope of the program, clarification of outstanding issues, and a statement of his desire for further collaboration.

Letter dated June 8, 1993 from Mayor Csecsei to USAID regarding the need to evaluate the program with a view toward continuation.

Letter dated May 20, 1993 from Mayor Csecsei to Ms. Henryka Manès regarding the assessment and request for media coverage of JDC, the Ministry of Social Welfare, and the Municipality of the Eighth District to advertise and strengthen the program. A copy of this letter was sent to Minister Dr. Surjan.

Letter dated April 8, 1993 from Mayor Csecsei to Ms. Henryka Manès regarding the need to conduct a closing statement about the results of the Home Care Project.

Letter dated March 16, 1993 from Mr. Brezovszky, Program Manager of the Eighth District, to JDC Country Director for Hungary, Mr. Moshe Jahoda, about fees for professional personnel employed in the Home Care Project that JDC should honor. This included an accounting of expenditures and equipment pertaining to the Project: Equipment provided to the Municipality; Equipment to be given by JDC at an unspecified date; and financial obligations.

The Experimental Home Care Program: A Preliminary Evaluation paper written by Drs. Tomchik and Denes that appeared in the Hungarian periodical, *Egeszsegugyi Gazdasagi Szemle* in 1993.

Preliminary agreement plan to be concluded by the Municipality of the Eighth District and JDC signed by Mr. Aryeh Cooperstock on February 13, 1992.

Training Plan for Nurses, prepared by Lea Mashiah, for the training period November 11, 1991 through November 22, 1991.

Protocol dated April 12, 1991 detailing the agreement between the Hungarian Ministry of Health and Social Affairs, the Mayor of the Eighth District of Budapest, and the American Jewish Joint Distribution Committee, Inc., on the establishment of the "Home Care Project for the Elderly."

Minutes of a coordinating session held on January 31, 1991 attended by representatives of JDC and the Eighth District.

Excerpts from Dr. Pillar's lectures to Hungarian physicians (undated).

Summary of topics and methods used for the training of physicians, nurses, social assistants, and social club leaders/supervisors (undated).

Report about the three training cycles conducted by JDC and local experts, with evaluations (undated).



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Aryeh Cooperstock  
Executive Director

Henryka Manès  
Deputy Director

## Scope of Work for a Professional Assessment (Partial Evaluation)

### I. Title:

Home Care Project for the Elderly, Budapest, Hungary

### II. Background:

This project is funded at \$ 1,333,000 (AID and PVO) under  
Grant EUR-0032-A-00-1023-00.

Grant period: April 1, 1991-September 30, 1993

### III. The Project addresses the following needs:

The "Home Care Project for the Elderly" addressed the urgent need for skills development and service provision in the field of care for the elderly. For the first time, Hungarian multi-disciplinary medical teams brought a variety of services to home bound elderly which increased their functioning and ended their isolation and loneliness. Traditionally, elderly in need of medical care are hospitalized. Not only is this a hardship for the elderly, but it is an expensive burden on the financially strained Government. There exist hundreds of thousands of Hungarian elderly for whom home care services will provide an opportunity for a more self-sufficient, satisfying life.

This project provided training to over 150 Hungarian professionals serving the elderly. Included in this group were physicians, nurses, psychologists, therapists, administrators, and home health workers. Some of these trainees went on to join the Project's multi-disciplinary home care teams which served 150 patients in the 8th District of Budapest. Additionally, 125 functional, well elderly benefitted from recreational and physical activities introduced into the Eighth District's five Day Centers.

### IV. Purpose of Professional Assessment:

The goal of this assessment is to make some judgements as to whether or not the implementation strategies have resulted in achievement of the stated objectives (pertaining to the training of Hungarian professionals only). These objectives are stated in detail in the approved Implementation Plan, which JDC has provided to you.

Advisory Committee  
Elaine K. Winik  
Chair  
Rabbi Alexander Schindler  
Co-Chair

Joseph Ain  
Alan Batkin  
Froma B. Benerofe  
Ellen Block  
Robert Boas

Elliott Cohen  
John C. Colman  
Heinz Eppler  
Raymond Epstein  
Annette Dobbs

Harold Friedman  
Emanuel Goldberg  
Edythe Roland Grodnick  
Barbara Hochberg  
Roberta Holland

Saul Kagan  
Judith A. Levy  
Leon Levy  
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Rebecca Newman

Ivan J. Novick  
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Donald M. Robinson

Kenneth Rubens  
Howard Rubin  
Samuel J. Semel  
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Herbert M. Singer

Wilma S. Tisch  
Esther Treitel  
Sandra Weiner  
Leah Zell-Wanger  
Lois Zoller



As pertains only to the training of Hungarian professionals, the professional assessment will:

- Enable JDC and AID to assess the level of proficiency of the Hungarian Home Care professionals trained through the Project;
- Enable JDC and AID to assess effectiveness: Did the project accomplish what it set out to accomplish in terms of professional training?
- Identify strengths of the Home Care Teams: What new skills were acquired as a result of this Project? What skills were strengthened?
- Identify areas of weakness so that they may be addressed through additional training. This is especially important given the fact that JDC-IDP was unable to complete the projected training program.

#### **V. Statement of Work:**

As pertains only to the training of Hungarian professionals:

- Review strategy and activities undertaken and assess the progress made toward fulfillment of project objectives as stated in the Implementation Plan;
- Identify prevailing strengths and weaknesses which facilitated or inhibited the accomplishment of project activities;
- Identify obstacles which prevented the project from reaching its goals;
- Assess the impact to date or potential for impact;
- Provide comments on the effectiveness of the Implementation Plan.
- Calculate the cost-effectiveness of home care service provision, i.e., what is the cost of home care services per patient per day compared to the daily costs of hospitalizing an elderly patient.
- Provide the population of elderly citizens in each district of Budapest.

#### **VI. Key Questions:**

- What additional training or continuing education is needed to enable the multi-disciplinary teams to provide Home Care services?
- What additional training or continuing education is needed to enable the multi-disciplinary teams to train other multi-disciplinary teams?
- Assess the feasibility of expanding the Project into additional districts of Budapest.
- To what degree are training and home care activities self-sustaining? From where are funds secured for the continuation of training and home care activities? Is the level of funding adequate to continue these activities at the same level (or greater) than that achieved during the Project period?

Additional questions may be identified by the AID Project Officer, the AID Representative in Budapest, and the evaluator.

## **VII. Methodology:**

- Identify who made up the Project team (both expatriate and local members), how team members were selected (skills and level of effort) and who the team leaders were.
- Review appropriate written materials (grant document, original proposal, reports, correspondence, Implementation Plan, etc.)
- Develop assessment methodology and develop assignments, i.e., document review, interviews with a selection of participating staff and beneficiaries.

Some of the tasks to be carried out in the course of this assessment are as follows:

1. Interview a selection of the expatriate and Hungarian professionals who implemented and participated in the training.
2. Compare the plan for training professionals that JDC-IDP set out to accomplish as stated in the project proposal and Workplans, determine how much has been accomplished, and identify improvements that could have enhanced achievement of its goals.
3. Assess the effectiveness and efficiency of the professional home care teams, including such factors as:
  - the number of patients seen per team, per day/week;
  - progress made by a selection of elderly participants since the start of their individualized home care treatment programs;
  - progress made by a selection of elderly attending the Day Centers since the start of their participation in Center activities;
  - new professional skills acquired by the Hungarian professionals and skills in need of strengthening;
  - level of satisfaction of a selection of the Hungarian professionals and elderly with the services provided. (This will be a subjective analysis based on responses acquired through interviews.)
4. Assess the feasibility of having the multi-disciplinary Home Care Teams trained through this project train future Home Care Teams.

## **VIII. Time Frame:**

The team leader will begin the assessment with headquarters input and document review. The in-country assessment will begin on August 30, 1993 and will last for one week.

## **IX. Reporting Requirements:**

### **- Report will include:**

- Executive Summary
- Statement of Findings - conclusions and recommendations (practical/action-oriented, and prioritized, please)
- Implementation and level of accomplishment of project activities pertaining to professional training and Home Care service delivery (provide analysis and evidence to support findings, conclusions and recommendations)
- Program Impact: Have interventions made measurable positive impact?
- Lessons Learned: What knowledge was acquired through the training and home care activities that could be of value to JDC and/or to the Hungarian professionals in the future? What could have been done differently to strengthen the training component? What unanticipated benefits were attained as a result of the training and home care activities?
- Appendices, to include: Scope of Work  
Description of Methodology followed  
Bibliography of documents analyzed  
List of persons interviewed  
List of sites visited

### **- Submission of Report:**

The report is due to JDC-IDP/New York within fifteen days from the last working day in-country. The report is due to the AID Project Officer in Washington no later than 30 days from the last working day in-country.

### **- Meetings and Debriefings:**

1. The JDC in-country representative will arrange a meeting on the first day of in-country assessment with the evaluator and AID Representatives to finalize the Scope of Work;
2. The evaluator will hold an exit interview with AID Representatives and JDC representatives.

## **X. Logistics:**

To facilitate performance of this assessment, the Mayor of the Eighth District of Budapest is being asked to appoint a liaison to coordinate appointments. This individual must be a professional and not a political appointee or elected official.

The JDC Project Representatives in Budapest will provide assistance to the evaluators in obtaining office space, access to a computer, secretarial help, transport, printing and communication as appropriate.

## **XI. Evaluation Budget: US\$ 4,100- US\$ 4,500**